Missouri Department of Mental Health
Division of Alcohol and Drug Abuse

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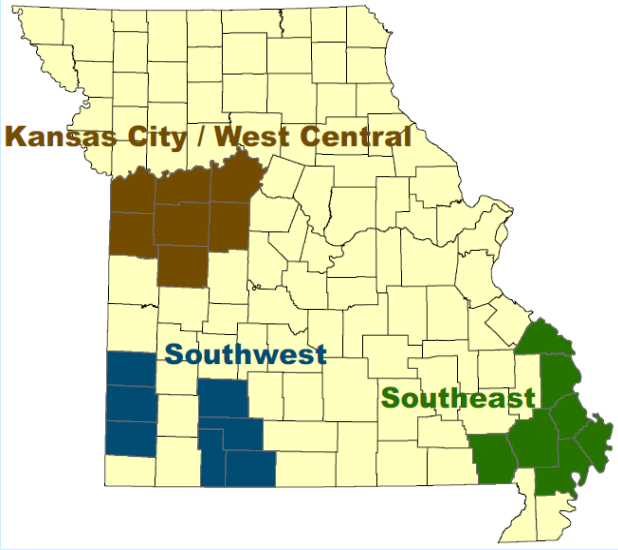
Mark Stringer
Division Director

# Establishing Recovery Oriented Systems of Care in Missouri

In September 2010, Missouri was awarded its third Access to Recovery grant (ATR III), funded by the Substance Abuse and Mental Health Services Administration. The program goals are to increase treatment capacity, expand access to an array of clinical treatment and recovery support services, and support client choice among service providers. The ATR program recognizes that there are multiple pathways to recovery and that no "one-size-fits-all" approach will work for everyone.[1] Recovery is holistic and encompasses multiple dimensions including physical, mental, spiritual, social, and cultural aspects of one's life. In addition to clinical treatment, the ATR program funds recovery support services—including faith-based and spiritual counseling—designed to promote and support engagement in the recovery process. Recovery is person-centered, focusing on one's strengths, respecting one's belief systems, and empowering self-redefinition. Additional features of the ATR program are that services are vouchered and client outcomes are tracked.

**Missouri's ATR III Systems of Care**




***Place-Based:*** Missouri used a place-based strategy to identify its ATR III systems of care. Community-level data including demographic, health, economic, crime, prevalence, and treatment data were analyzed to understand prevailing local conditions. Existing infrastructure was assessed to determine support for a system of care. A proposal mechanism was used to determine service providers' ability to achieve the ATR III goals, to serve identified priority populations, and to coordinate services with other service providers and other community resources. Three ATR III systems of care were selected: Kansas City / West Central, Southwest, and Southeast.

***Priority Populations:*** For the ATR III program, Missouri's priority populations are:

- ➔ Veterans and National Guard soldiers returning from the Iraq-Afghan war and their families
- ➔ Treatment court participants
- ➔ Department of Correction offenders returning to the community.

While these populations may have differing cultural backgrounds, they are all undergoing significant life transitions whether it be from a battlefield or prison to a point of rejoining and rebuilding a life in the community. Substance abuse problems can emerge or re-emerge during these times of difficulty and uncertainty. The ATR program seeks to provide treatment and recovery support during these critical times.

***Continuity of care:*** The provision of a comprehensive array of services and coordination of those services are hallmarks of a recovery oriented system of care. This includes an assessment of need in terms of the one's life situation including, but not limited to, substance use, mental health care, primary health care, employment, education, transportation, legal issues, housing, family relationships, child care, and spirituality. The comprehensive care plan is then developed based on the needs assessment. Services are coordinated with other community-based service providers and other community resources. The goal is to have community-based providers function as a unit and provide a seamless delivery of services.

***Person-Centered Planning:*** Client choice and person-centered planning are supportive of individual ownership of the recovery process. With person-centered planning, the plan of care is individualized based on the one's needs, motivating factors, and strengths and is respectful of one's spiritual and cultural values.[2] *Person-centered* means that the individual has a voice in determining the course of his/her recovery process.

ACCESS TO RECOVERY

Sources: [1]SAMHSA (2009), *Guiding Principles and Elements of Recovery-Oriented Systems of Care: What do we know from the research?*
[2]Adams, Neal & Grieder D.M. (2005). *Treatment Planning for Person-Centered Care*. Elsevier Academic Press.

For more information please contact the Division of Alcohol and Drug Abuse at (573)751-4942 or email: adamail@dmh.mo.gov